



51424

☐ Check this box if you are resubmitting this staff appointment request

L-10 Testing Center Staff Appointment

Dedicated FAX number for this form: (202) 464-4853

GED Testing Service
of the American Council on Education
One Dupont Circle, NW, Suite 250
Washington, DC 20036
(202) 939-9490

Examiner Information

Date: / /
mm dd yyyy

GEDTS Use Only - Date Received: / /
mm dd yyyy

I recommend that ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr.

Last Name: _____

First Name: _____

Be authorized to serve as (check one): ☐ Chief Examiner / TCO ☐ Examiner / ALTCO

at the following Official GED Testing Center

Center ID Number: _____

Center Name: _____

Address: _____

City: _____

State/Province/Territory: _____

Zip/Postal Code: _____

Email: _____

Phone Number: () -

FAX Number: () -

Reason for Request

☐ The candidate is replacing: _____

☐ The candidate is an addition to current staff

The candidate meets or exceeds the qualifications necessary to perform the duties as outlined in the 2005 GED Examiner's Manual and meets jurisdictional requirements.

☐ Holds Bachelor's degree OR

☐ if Examiner holds Associates's degree or higher, must have three years experience in testing, teaching, training or counseling

☐ Is not involved in instruction or preparation for the GED Tests

☐ In-service training of the new staff member has been completed. Training Date: / /
mm dd yyyy

Name of Trainer: _____

Title: _____

☐ In-service training of the new staff member has been scheduled. Scheduled Training Date: / /
mm dd yyyy

Name of Trainer: _____

Title: _____

GED Administrator

This appointment has been approved and he/she has signed the Test Security Memo. The original is held on file in my office.

Signature of GED Administrator

Jurisdiction